

WCIS Advisory Meeting - 2018 Medical Bill Payment Reporting

**Oakland, CA
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Outline

- Traffic report
- Data Quality
- Questions/Comments from Trading Partners

Count of Bills

Date of Report	Matched Data
2016*	11,743,740
2017	12,208,549
2018**	9,855,315

Notes:

* 1/1 through 4/5 data collected in CA Version 1 and 1.1. Data collected after 4/5 according to CA version 2.0 standard

** 2018 data is limited to Q1-Q3

Count by Bill Types

Bill Type	2017		2018*	
	Count	%	Count	%
Professional	10,176,483	83.3	8,105,838	84.5
Pharmacy	1,573,593	12.9	1,117,154	11.6
Institutional	362,933	3.0	298,019	3.1
Lien	86,529	0.7	63,222	0.7
Dental	10,818	0.1	10,377	0.1
Note: * =2018 data is limited to Q1-Q3				

Data Reported in California

Version 2.0

Type	2017	2018*
Sender Id	47	48
Insurer FEIN	1,214	1,433
Claims Administrator FEIN	801	898

Note:

* =2018 data is limited to Q1-Q3

Claims with medical bills

- The WCIS FROI database has 680,278 distinct claims with DOI in 2017.
- The WCIS Medical Bill database has 442,349 claims with DOI in 2017.
 - 65% of FROI claims have medical bill reported

Timeliness of reporting pursuant to Labor Code § 9702(e)(1)

- WCIS regulations consider a bill timely reported if the bill is reported within 90 calendar days of payment or denial of the bill.
- In 2017, 80% of data was reported within 90 days

Timeliness of Reporting : 2017 Reporting Year	
Number of days	%
< 30 days	66.2
31 to 60 days	9.0
61 to 90 days	0.05
> 90 days	19.9

Acknowledgment Report

SAMPLE REPORT			
ERROR CODE	ERROR DESCRIPTION	ERROR COUNT	ERROR COUNT
		2016*	2017
001	Mandatory field not present	593,808	1,275,463
034	Must be >= Date of Injury	8,994	17,190
039	No match on database	2,049,624	2,492,848
040	All digits cannot be the same	11,271	40,543
041	Must be <= current date	107	312
057	Duplicate Batch/Transaction	197,057	301,981
058	Code/ID invalid	832,936	759,770
059	Non-match data value not consistent with value previously reported	12,255	33,697
063	Invalid event sequence	5,973	21,081
064	Invalid data relationship	647,145	530,413
070	Must be <= Service Date	621	1,771
071	Must be >=Service Date	230,263	69,252
072	Must be > Service Date	860	
073	Must be >= Date Payer Received Bill	593	3,563
074	Must be >= From Service date	2,813	6,678
075	Must be <= To Service Date	43	543
111	Must be valid content	36,175	8,974
117	Match data value not consistent with value previously reported	50,770	56,380
TOTAL		4,681,308	5,620,459
* = The Last three quarters of 2016			

Data Quality - reports

Error Code	Description	DN	Description	Count
039	No match on database	5	Jurisdiction Claim Number	556,255
		6	Insurer FEIN	793,112
		15	Claim Administrator Claim Number	1,143,481
001	Mandatory field not present	760	Prior Actual Amount Paid	524,020
		691	Referring Provider First Name	40,452
		680	Facility State License Number	45,217
		595	Rendering Line Provider Primary Specialty Code	149,951

Data Quality – code detail

- Error code 039 (No match on database) = 44% of rejected bills
 - 46% were rejected for not matching Claims Administrator Claim Number
 - 32% were rejected for not matching Insurer FEIN
 - 22% were rejected for not matching JCN
- Error code 001 (Mandatory field not present) = 33% of rejected bills
 - 41% missing DN 0760 Prior Actual Amount Paid
 - This element needs to be reported for reconsiderations
 - 12% missing Rendering Provider Primary Specialty Code
 - 6% missing DN0680 Facility State License Number
 - 5% missing DN0691 Referring Provider First Name
- Error code 059 (Invalid code) = 13% of rejected bills
 - 29% for different NPI fields (billing, rendering, supervising provider etc..)
 - 14% for Managed Care Organization ID

Data Quality

- If DN0532 Originator Transaction Identification Number + DN0100 Date Transmission Sent + DN0101 Time Transmission Sent + DN098 Sender ID + ISA015 Test Indicator exists in WCIS database then error 057 occurs.
- Data quality reports are sent to data senders and can be obtained via Trading Partner Contacts

Data Quality – MPN reporting

Provider Agreement Code	Type of Agreement			
	2017		2018*	
	N	%	N	%
No Agreement	4,654,846	38.1	3,357,039	34.1
PPO Agreement	5,674,258	46.5	4,427,601	44.9
Participation	1,879,393	15.4	2,070,669	21.0
HMO	52		6	

Data Quality – MPN reporting

- Issue: MCO Name reported but Provider Agreement Code is not “P”

Agreement Type	Bill Count	
	2017	2018
No Agreement	693,543	140,056
PPO Agreement	396,301	349,071

Reporting MCO Information

- Report the DN0507 Provider Agreement Code
 - P = When both injured worker and medical provider are within DWC approved Medical Provider Network (MPN) plan
 - H = HMO
 - Y = When Service provided under a PPO
 - N = No agreement
- Report MCO Information if DN0507 = 'P'
- MCO ID = MPN approval number digits 10 – 13
 - Reference: <http://www.dir.ca.gov/dwc/mpn/ListApprovedMPN.pdf>
- MCO FEIN = MPN approval number digits 1 – 9

NPI Reporting

- Ensure accuracy of taxonomy codes for NPI
- Ensure NPI corresponds with correct name
 - Examples:
 - Group name reported for individual NPI
 - Same bill provider NPI reported for multiple bill providers (with different names)

Provider Reporting

- Prescribing doctor on a pharmacy bill is to be reported as the Referring Provider
 - For data reported in 2017, 60% of pharmacy bills included this information
- Supervising provider information is also required (when applicable)

Questions



WCIS trading partner contacts:

- Johnny Lee
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Trading partner letters A, C, G, I-L, S-V, Z
- Elisema Cantu
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Trading partner letters B, D-F, H, M-R, W-Y
- Antoinette Esqueda
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Medical reports technical contact

Information

- WCIS website

<http://www.dir.ca.gov/dwc/WCIS.htm>

- Medical billing questions

DWCFeeschedule@dir.ca.gov